

POSITION	ID NO.	DATE
CLASSIFIER	102	12/11/97
EXAMINER	398334	1/21/80
TYPIST	/	/
VERIFIER	/	/
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	7/19/94
2	3/16/94
3	1/11/94
4	1/11/94
5	1/11/94
6	X
7	V
8	V
9	N
10	N
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SYMBOLS

✓	Rejected
■	Allowed
-	(Through number) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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